use this serum had great therapeutic value. In the hospital of the Rockefeller Institute, 78 cases were treated with 6 deaths. The mortality was 25 per cent. in cases due to Type I infection, before the serum was used, so that it was evident that the serum was of considerable value. Of the 6 fatal cases, 1 died on the fifty-third day following pneumonia from general streptococcus infection; 1 died during convalescence from pulmonary embolism; 3 were treated only on the day of death late in the disease, leaving but 1 fatal case that received treatment over two days. In order to obtain the best results certain rules must be observed. First, serum must be given in large amounts intravenously, and its administration must be commenced as early in the disease as possible; its use must be continued until infection was definitely overcome. Before administering the serum a small dose of normal horse serum should be given subcutaneously in order to desensitize the patient in case he was sensitive to horse serum. Among the treated cases the evidence of empyema has been greater than in the untreated cases. This probably meant that in a large number of the cases, otherwise fatal, the infection was localized instead of becoming general.

A Report on the Treatment of Pernicious Anemia by Transfusion and Splenectomy.—Giffin (*Jour. Am. Med. Assn.*, 1917, lxviii, 429) says that there is no evidence that splenectomy has cured pernicious anemia. A review of 31 cases of splenectomy for pernicious anemia demonstrates a definite gain in the blood, the weight, and the general condition during the first three months of the postoperative period in 78 per cent. of the cases; during the second three months' period, 68 per cent. of living patients maintained their gain. A consideration of the advisability of splenectomy would seem to be warranted at present chiefly in young and middle-aged patients of good general resistance, who show evidence of active hemolysis and in whom the spleen is moderately enlarged. The estimation of the blood-derived pigments in the duodenal contents is valuable in determining the degree of hemolytic activity present at a given time. A comparison of the degree of hemolysis with the severity of the anemia would seem to be indicative of the productive power of the bone-marrow. Preoperative treatment, especially transfusions, should be employed to influence the general condition of the patients and to improve the characteristics of the blood picture. The operative risk is increased when the hemoglobin is below 35 per cent. and the erythrocyte count less than 1,500,000 cells. Postoperative transfusions have not been given as a routine procedure, but transfusions have been successfully employed in postoperative relapse.

The Treatment of Tuberculous Pericarditis by the Induction of an Artificial Pneumopericardium.—Weil and Loiscleur (*La Presse Méd.*, 1916, xxiv, 601) recommend the introduction of air into the pericardial sac after paracentesis of a pericardial effusion by employing a similar technic as in treating a pleurisy with effusion by artificial pneumothorax. They cite a case treated in this way with the treatment controlled by frequent roentgen-ray examinations. They believe that adhesion of the pericardial layers can be prevented by this procedure, and preëxisting adhesions are generally broken up by the introduction of the air. The pericardial sac in the case treated by the authors continued to refill but the intervals between tappings became progressively lengthened from eight to fifteen to thirty-three to forty-eight days. The injection of air in an amount equal to that of the fluid removed caused no untoward effects; no pain, no dyspnea, no symptoms referable to the heart itself were produced.

Home-made Bread Substitutes for Diabetic Patients.—Nicholson (*British Med. Jour.*, 1917, 2925, 82) recommends a bread made of peanut flour and casein. It has the advantage of being very nice to the taste, and can be cut readily into slices, even as thin as white bread. The formula for making it is as follows: Peanut flour, 8 ounces; casein, 2 ounces; a pinch of salt; white of eggs, 12 ounces. The white of egg is beaten to a snow, and then the other ingredients (previously lightly mixed) are slowly added.

Disappearance of Malignant Tertian Crescents from the Blood following the Intravenous Injection of Tartar Emetic.—Rogers (*British Med. Jour.*, 1917, 2923, 6) who has already reported success in the cure of kala-azar by tartar emetic intravenously, tried the same drug in the treatment of patients with persistent malarial crescents in the blood. He says that it is well known that once crescents appear in the blood they remain present for months uninfluenced by quinin, and cites the details of 4 cases treated by intravenous injections of tartar emetic with rapid disappearance of the crescents from the circulating blood. The author is not too sanguine but suggests the more wide-spread use to determine its value. He says that much further experience will be required to settle these points but the indications to be derived from these few cases appear to be that quinin should be used to check the malarial paroxysms, while tartar emetic should subsequently be given intravenously, in the hope that it may prove of value in destroying the extracorpuscular stages of the malarial parasites and so prevent relapses and greatly lessen the infectiveness of the patient to malaria-bearing mosquitoes by killing the crescents of the malignant tertian variety and the corresponding resisting forms of the other types of malaria.

Home-made Bread Substitutes for Diabetic Patients.—Williamson (*British Med. Jour.*, 1917, 2921, 870) gives formulas for home-made bread substitutes which have been of great service to him in his care of diabetic patients. The following formula is a sample upon which a number of different combinations are based. Formula: Soluble casein, 3 tablespoonfuls; gluten flour, 2 tablespoonfuls; baking powder, ½ teaspoonful; 1 egg well beaten; small pinch of salt. Mix well together, adding the baking powder last. A little water may be added if necessary. Drop into six tins and bake twenty minutes. Formulas are also given for various combinations of the soluble casein with cocoanut powder and almond flour with and without gluten. He advises that diabetic patients should not try one bread substitute only but they should try several until the most palatable is obtained for the individual patient.